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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/581,898	
Confirmation Number		
Filing Date	with an effective filing date of November 30, 2004	
First Named Inventor	Gerd HEXELS	
Group Art Unit	3765	
Examiner Name	Alissa L. HOEY	Fax: (571) 273-8300
Total No. of Pages in this Submission: 17	Attorney Docket Number: LORWER P45AUS	

## ENCLOSURES (check all that apply)

☒ Fee Transmittal Form ..... [1]  
(in Duplicate)

☒ Fee attached - Check \$245.00

☒ Amendment/Response ..... [13]

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request ..... [1]  
(in Duplicate)

☐ Express Abandonment Request

☐ Information Disclosure Stmt ..... ☐
☐ Certified Copy of Priority Document(s) ..... ☐
☐ Response to Missing Part/s Incomplete Application ..... ☐
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment papers ..... ☐  
(for an Application)

☐ Drawing(s) --Annotated Sheet(s) ..... ☐  
Replacement Sheet(s) ..... ☐
☐ Licensing-related Papers ..... ☐
☐ Petition Routing Slip (PTO/SB/69)  
and Accompanying Petition  
(DELETED - no longer useful)

☐ To Convert a Provisional Petition ..... ☐
☐ Power of Attorney, Revocation  
Change of Correspondence Address ..... ☐
☐ Terminal Disclaimer ..... ☐
☐ Small Entity Statement ..... ☐
☐ Request for Refund ..... ☐
☐ After Allowance Communication  
to Group ..... ☐
☐ Appeal Communication to Board  
of Appeals and Interferences ..... ☐
☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief) ..... ☐
☐ Proprietary Information ..... ☐
☐ Status Letter ..... ☐
☒ Additional Enclosure(s)  
(please identify below):

Postcard

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

Michael J. Bujold  
DAVIS & BUJOLD, P.L.L.C.Reg. No. 32,018  
CUSTOMER NO. 020210

Signature

Date

August 10, 2009

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 10, 2009.

Signature

Date: August 10, 2009 (amp)

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

# FEE TRANSMITTAL For FY 2008

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/581,898  
with an effective filing date of  
November 30, 2004  
Gerd HEXELS  
Alissa L. HOEY  
3765

TOTAL AMOUNT OF PAYMENT: \$245.00

Attorney Docket No.

LORWER P45AUS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u>Total Claims</u> -20 or HP =	<u>Extra Claims</u> x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u> Fee (\$)	<u>Fee Paid (\$)</u>
		<u>\$52/\$26</u>			
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>		
		<u>\$220/\$110</u>			

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u> -100 =	<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>
			<u>\$270/\$135</u>	

### 4. OTHER FEE(S)

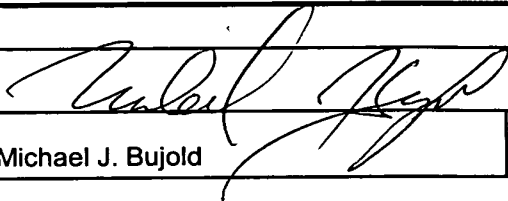
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Two Month Extension of term

\$245.00

### SUBMITTED BY

Signature



Telephone (603) 226-7490

Name (Print/Type)

Michael J. Bujold

Registration No. (Atty/Agent) 32,018

Date: August 10, 2009

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

# FEE TRANSMITTAL For FY 2008

■ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$245.00

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/581,898  
with an effective filing date of  
November 30, 2004  
Gerd HEXELS  
Alissa L. HOEY  
3765

Attorney Docket No.

LOWRER P45AUS

METHOD OF PAYMENT (check all that apply)

■ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

■ Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments  
under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims  
Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)  
\$52/\$26 = \$220/\$110

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

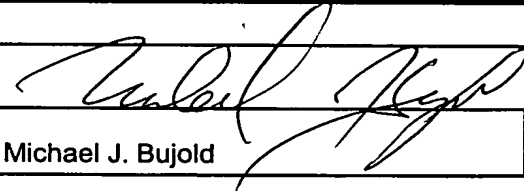
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets No. of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
750 = (round up to a whole number) x \$270/\$135 =

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): Petition for Two Month Extension of term \$245.00

### SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: August 10, 2009